IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:	Date: June 25, 2004
John C. KARAMANOS	Confirmation No.: 8522
Serial No: 10/667,117	Group Art Unit: 3632
Filed: September 17, 2004	Examiner: Sterling, Amy Jo

For: UNIVERSAL BRACKET FOR TRANSPORTING AN ASSEMBLED
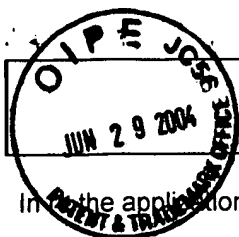 CONDUIT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir or Madam:

In response to the Office Action dated May 26, 2004, please amend the above-identified application in the following manner:

Remarks/Arguments begin on page 2 of this paper.

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TRANSMITTAL FORM

		Attorney Docket No. **3148P**

In the application: **John C. KARAMANOS**   Confirmation No.: **8522**

Serial No: **10/667,117**   Group Art Unit: **3632**

Filed: **September 17, 2003**   Examiner: **Sterling, Amy Jo**

For: **Universal Bracket for Transporting an Assembled Conduit**

ENCLOSURES *(check all that apply)*

■ Restriction Requirement	☐ Assignment and Recordation Cover Sheet	☐ After Allowance Communication to Group
☐ After Final	☐ Part B-Issue Fee Transmittal	☐ Appeal Communication to Board of Appeals and Interferences
☐ Information disclosure statement	☐ Letter to Draftsman	☐ Appeal Communication to Group *(Appeal Notice, Brief, Reply Brief)*
☐ Form 1449	☐ Drawings	☐ Status Letter
☐ (X) Copies of References	☐ Petition	■ Postcard
☐ Extension of Time Request *	☐ Fee Address Indication Form	☐ Other Enclosure(s) *(please identify below)*:
☐ Express Abandonment	☐ Terminal Disclaimer	
☐ Certified Copy of Priority Doc	■ Power of Attorney and Revocation of Prior Powers	
☐ Response to Incomplete Appln	■ Change of Correspondence Address	
☐ Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .	
☐ Executed Declaration by Inventor(s)		

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	21	21	0	$9.00	$ 0.00
Independent Claims	6	6	0	$43.00	$ 0.00
				Total Fees	$ 0.00

METHOD OF PAYMENT

☐ Check no. _____ in the amount of $ _____ is enclosed for payment of fees.

☐ Charge $ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.

■ Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Michael R. Johnson, Reg. No. 55,306
Signature	*[signature]*
Date	June 25, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: **June 25, 2004**

Type or printed name	Jinny Nguyen
Signature	*[signature]*